

VisitorInfo.com

Credit Card Authorization Form

I, _____
hereby authorize (name of travel supplier - Princess Cruises, Uniworld
Cruises etc.)

_____,
to charge my credit card account in the amount of \$ _____

Credit Card Number: _____

Expiration Date: ____/____/____

VISA MasterCard Diners Discover

3 Digit VID Security Code on the back of the card to the right of your
signature: _____

American Express

4 Digit non-embossed Security Code number on the front of the card above
your account number: _____

Debit Card

Security code. If there is not a number enter 0000: _____

Credit Card Billing Address:

Street: _____

City : _____

State : _____ Zip Code: _____ Country: _____

Telephone number on record for credit card: () ____ - _____

Contact Telephone if different than above: () ____ - _____

As the credit card holder, I hereby authorize receipt of goods & services
at the shipping address above.

Cardholder's Signature: _____

Date: ____/____/____

* Important *

1) Attach a copy of the front and back of your credit card and

2) A copy of the cardholder photo ID

3) Email address _____

4) Fax this form and attachments to us at 1-206-309-0192

Notes: